

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 03/29/00

LSUPP

1060822

1. NAME Haynie Randy K
Last First MI2. BUSINESS PHONE (225) 336-41433. BUSINESS ADDRESS 1465 Ted Dunham Baton Rouge LA 70802
Street and No. City State ZipMAILING ADDRESS P.O. Box 44032, Capitol Station Baton Rouge, LA 70804
Street and No. City State Zip4. EMPLOYER Haynie and Associates5. EMPLOYER'S ADDRESS 1465 Ted Dunham Baton Rouge LA 70802
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☐ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating, (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Please see attached document

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____**HAND DELIVERED**

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____


☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

1. **Name:** Citizens for a Greater New Orleans
Address: 1615 Poydras Street
New Orleans, LA 70112
Business or Purpose: General Issues
Does this person pay you?: No
If no, who pays you? Volunteer
2. **Name:** Coventry First
Address: 7111 Valley Green Rd.
Fort Washington, PA 19034
Business or Purpose: Life Settlements
Does this person pay you?: Yes
3. **Name:** Clark Group, L.L.C
Address: 503 Second Street, NE
Washington, D.C. 20002
Business or Purpose: Environmental Consulting
Does this person pay you?: Yes
4. **Name:** The Schumacher Group
Address: 200 Corporate Blvd.,
Ste. 201, Lafayette, LA 70508
Business or Purpose: Health
Does this person pay you?: Yes
5. **Name:** Property Owners for Louisiana*
Address: P.O. Box 44121
Baton Rouge, LA 70804
Business or Purpose: Contractor
Does this person pay you?: Yes

*Please note: Property Owners for Louisiana is being added as an Amendment in its change of name – Originally was Property Owners of Louisiana